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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | See Attachment A |
| | Filing Date | See Attachment A |
| | First Named Inventor | See Attachment A |
| | Art Unit | See Attachment A |
| | Examiner Name | See Attachment A |
| | Attorney Docket Number | See Attachment A |

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|--|---|------------------------------|--|---|--|--|----------|---|--|--|-------|---------|--|--|----------|-----|--------|----|------------|--------------|--------|--------------------|
| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 75436 | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center; justify-content: space-between;"> <input checked="" type="checkbox"/> The address associated with Customer Number: 75436 </div> | | | | | | | | | | | | | | | | | | | | | | |
| OR <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Firm or Individual Name:</td> <td colspan="3">Lisa M. Treannie, Esq. MORSE, BARNES-BROWN & PENDLETON, P.C.</td> </tr> <tr> <td>Address:</td> <td colspan="3">Reservoir Place 1601 Trapelo Road, Suite 205</td> </tr> <tr> <td>City:</td> <td colspan="3">Waltham</td> </tr> <tr> <td>Country:</td> <td>USA</td> <td>State:</td> <td>MA</td> </tr> <tr> <td>Telephone:</td> <td>781-622-5930</td> <td>Email:</td> <td>ltreannie@mbbp.com</td> </tr> </table> | | | <input type="checkbox"/> Firm or Individual Name: | Lisa M. Treannie, Esq. MORSE, BARNES-BROWN & PENDLETON, P.C. | | | Address: | Reservoir Place 1601 Trapelo Road, Suite 205 | | | City: | Waltham | | | Country: | USA | State: | MA | Telephone: | 781-622-5930 | Email: | ltreannie@mbbp.com |
| <input type="checkbox"/> Firm or Individual Name: | Lisa M. Treannie, Esq. MORSE, BARNES-BROWN & PENDLETON, P.C. | | | | | | | | | | | | | | | | | | | | | |
| Address: | Reservoir Place 1601 Trapelo Road, Suite 205 | | | | | | | | | | | | | | | | | | | | | |
| City: | Waltham | | | | | | | | | | | | | | | | | | | | | |
| Country: | USA | State: | MA | | | | | | | | | | | | | | | | | | | |
| Telephone: | 781-622-5930 | Email: | ltreannie@mbbp.com | | | | | | | | | | | | | | | | | | | |
| I am the: | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i> | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | | | | | | | | | | | | | | |
| Name: | Kerslin Danowski, Shire Orphan Therapies GmbH | | | | | | | | | | | | | | | | | | | | | |
| Date: | 26.01.2012 | Telephone: 0049 30 206582005 | | | | | | | | | | | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | *Total of <u>1</u> forms are submitted. | | | | | | | | | | | | | | | | | | | | | |